

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-978)

SERIAL NO. 107510349
FILING DATE

APPLICANT(S)

CLAIMS

| AS FILED | AFTER | | AFTER | | * | |
|--------------|-------|------|-------|------|--------------|--|
| | IND. | DEP. | IND. | DEP. | | |
| 1 | 1 | | | | 61 | |
| 2 | 1 | | | | 62 | |
| 3 | 2 | | 1 | | 63 | |
| 4 | 6 | | 1 | | 64 | |
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| 6 | C | | 1 | | 66 | |
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| 42 | | | | | TOTAL DEP. | |
| 43 | | | | | TOTAL CLAIMS | |
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| TOTAL IND. | 2 | ↓ | 2 | ↓ | | |
| TOTAL DEP. | 4 | ↓ | 4 | ↓ | | |
| TOTAL CLAIMS | 6 | | 11 | | | |

| * | IND. | DEP. | IND. | DEP. | IND. | DEP. |
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| TOTAL IND. | | | | | | |
| TOTAL DEP. | | | | | | |
| TOTAL CLAIMS | | | | | | |

* MAY BE USED FOR ADDITIONAL CLAIMS OR AMENDMENTS